## Application Number Filing Date **CLAIMS ONLY** Applicant(s) AFTER FIRST AMENDMENT May be used for additional claims or amendments CLAIMS AS FILED AFTER SECOND AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 53 .18 74 28 33 84 Total Total Indep Indep Total Total Depend Depend Total Claims

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